\$					Арра	roved for use through emark Office; U.S. DE	01/31/2007 C	D/SB/17 (07-06 DMB 0651-0032	
0 6 /Mmdefthe Paperwork Red	uction Act of 1995	, no person are requi	ired to r	U.S. Pater espond to a collection	on of informa	ation unless it display:	s a valid OMB	F COMMERCE control number	
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FOR FY 2006									
				Application Nur	nber	10/697,996-Conf. #7394			
				Filing Date		October 30, 2003			
				First Named Inv		Mark O. Homewood			
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name	,	J. A. Gaffin 2165			
TOTAL AMOUNT OF PAYMENT (\$) 910.00				Art Unit Attorney Docket	No		022.81044US00		
				Allomey Docket	NO.				
METHOD OF PAYMEN			٦						
x Check Credit	ب	1oney Order	Non		(please ide	· · · · · · · · · · · · · · · · · · ·			
Deposit Account Dep						Greenfield & S			
For the above-ider	•		ctor is						
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								e filing fee	
fee(s) under	additional fee(s 37 CFR 1.16	s) or underpayme and 1.17	nts of	x Credit	any over	payments			
FEE CALCULATION									
1. BASIC FILING, SEARC	-		054	DOLL 5550	EV 4 4 4				
		G FEES Small Entity	SEA	RCH FEES Small Entity	EXAM	INATION FEES Small Entity			
Application Type	Fee (\$)	Fee (\$) F	ee (\$)	Fee (\$)	Fee (\$	Fee (\$)	Fees P	<u>aid_(\$)</u>	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES							Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (include	ling Reissues)						50	25	
Each independent claim ov				200	100				
Multiple dependent claims				360	180				
Total Claims Extra	Total Claims			Paid (\$) Multiple Dep			endent Claims		
50 =	x	=			E	ee (\$)	Fee Paid (\$)	Į	
HP = highest number of total claims paid for, if greater than 20.					_			_	
				aid (\$)					
HP = highest number of indepe									
3. APPLICATION SIZE FE	E				-			_	
If the specification and di listings under 37 CFR	1.52(e)), the a	application size for	ee due	is \$250 (\$125 f					
sheets or fraction there Total Sheets	eof. See 35 U. Extra Sheets			67 CFR 1.16(s). ditional 50 or frac	ction there	of Fee (\$)	Fee P	aid (\$)	
- 100 =		/50		(round up to a who	ole number) × :	=		
4. OTHER FEE(S)	: ¢120.6	(m.a. ame 11	4 !	4)			Fees F	Paid (\$)	
Non-English Specificat Other (e.g., late filing s	1011, \$130 ICC	t (no small entity 51 Extension for	uisco or resi	นแม ponse within fir	rst monti	h	120	0.00	
Other (e.g., rate ming s	18	01 Request for	conti	nued examina	tion (RC	E) (see 37		0.00	
SUBMITTED BY									
Signature	mas	2		Registration No. Attorney/Agent)	34,681	Telephone	(617) 646	-8000	
Name (Print/Type) James H. Morris						Date	March 2, 2007		
I hereby certify that this pape the date shown below with su Box 1450, Alexandria, VA 22	ifficient postage	paper referred to a as First Class Mail,	s being in an e	nvelope addressed	sed) is beind to: Mail S	Stop RCE, Commiss	sioner for Pate	nts, P.O.	
Dated:March 2, 2007		Signate	ure:(execus	Me	Kenjellen	-M. MacKenzi	e)	